

**Payment for Research Participants**

I understand that it is necessary for tax purposes and financial aid considerations to report the compensation which I will receive for my participation in a research project to the College of Charleston. I also understand that this form will only be used for financial reporting purposes by authorized persons in the College of Charleston Controller and Financial Aid offices. Return completed form to the Principal Investigator of the research study to receive payment.

**Research Participant Name:**

**Email Address:**

**Compensation Amount:** \$

**Form of compensation:**  Gift  Gift Card  Check (complete box below)

**Are you currently an employee of the College of Charleston?**

No  Yes- Submit a copy of this form to Budgeting and Payroll and provide your CWID: \_\_\_\_\_

**If you are not an employee, have you received any additional payment from the College of Charleston for participating in research studies or any other reason during this calendar year?**

No  Yes  N/A  
Amount: \_\_\_\_\_ (if exceeds \$600, must submit a W-9 to Accounts Payable)

**For Check Payments Only:**

\_\_\_\_\_  
SSN/ITIN

\_\_\_\_\_  
Address (include city, state, and zip code)

I certify that:

1. The SSN/ITIN shown on this form is my correct taxpayer identification number (SSN/ITIN), or I am waiting for a number to be issued to me;
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding,
3. I am a U.S. citizen or U.S. resident alien.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***PI Instructions: Keep this form in your internal records. Provide a W-9 to Accounts Payable and additional copies to Payroll and Budgeting when indicated above.***

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_